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REPORT

OF THE

Medical Officer of Health

TO THE

GARSTANG UNION

RURAL DISTRICT COUNCIL


For the Year 1905.



GARSTANG :

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Garstang Rural District Council.

Gentlemen,

It is again my duty to present you my Annual Report, which is my twenty-third.

As time progresses your responsibilities multiply. On every side there is increased zeal in public health questions, and the improved education of the public generally has led to a more enlightened appreciation of good health, and the various causes which interfere with the same.

We are gradually approaching an age when Prevention of Disease is the greatest scientific and public cry, and it is not difficult to anticipate, with the steady and firm scientific achievements, that we may possibly arrive, in generations which are yet to come, at that great perfection when disease may only exist as the result of that natural decay to which we are all liable.

The work of your Council as well as all other public health bodies is directed to this end.

The Prevention of Disease.

Disease is an unnatural thing to the human body, and male or female born with a healthy constitution, given healthy surroundings, carefully fed, should die a natural death, due alone to the use, *the wise use*, of the body which Providence has provided for us. Your work then has a high tone and a reality in it which at first sight is not realized. Disease is naturally foreign to any healthy individual or animal, and is either acquired from inherent conditions or from outside sources.

Then the object of all your work is the Prevention of Disease in its broadest aspect, both in the human family and animals. As for twenty-three years you have been engaged in this work, it will indeed be no easy task to survey it, but the whole tendency of it has been one of steady improvement and greater earnestness.

We will now proceed to review your work of the past year.

I find that in January I closed the Wimarleigh School owing to an outbreak of Measles.

This epidemic soon subsided and was of a mild type, no deaths resulting.

In February I also closed St. Thomas's, Garstang, owing to many cases of Mumps existing among the school children.

Other schools closed during the year were Copp School, Great Eccleston, Inskip and Stalmine, all for Scarlet Fever.

In each of the latter three schools I found a child peeling after Scarlet Fever, and in one school also a child in the acute stage of the disease.

The discovery of these cases was a matter of great importance, and by prompt and immediate measures general infection was avoided. About 10 per cent. of the children attending school were attacked in one school, and about 30 per cent. in another, whilst one of the schools had fortunately but the one solitary case.

The various outbreaks were of the mild type and not a single death resulted.

In one dwelling attacked, the whole family of children, four in number, took the disease. An amateur nurse was imported, she also became infected.

The mother being far advanced in pregnancy was delivered of her child and she contracted puerperal fever.

The mother declined to be removed, and there were no means available for isolating the children.

There were thus six infected cases in this farm-house.

Two trained nurses were obtained and all the patients recovered.

I might here mention that one child of this family was found by me in the village school, having suffered from Scarlet Fever, medical aid not having been sought.

This child I at once ordered from the school and none too soon, for directly followed several notifications, and yet the cases were limited to about 10 per cent. of the children attending school. The school was closed and disinfected with good effect.

Suspecting the school of another township I visited there, and here also I found one child peeling and another one in the acute stage, neither case having sought medical aid. Here again I at once closed the school, made a general inspection of the township, and found a total of fifteen cases, none of which had sought medical advice.

Evidence of this character would certainly tend to favour some form of school inspection, or the great necessity of the schoolmaster being taught some of the primary symptoms of the common infectious diseases.

The importance of this question is at once realized since there are twenty-five schools in your district, containing an average attendance of about 2,000 children, or about one-fifth of the total population of your district.

Your schools therefore, and the officials connected with them, have a great responsibility, not only from an educational, but healthful point of view.

Healthful education of the child in mind and body must be the conjoint object of all educational authorities, or its real object must fail,

To separate the two means disaster. I am quite convinced after twenty years' experience in your district, that some steps should be taken whereby the schoolmaster or mistress, who is in direct touch with the children, may acquire such knowledge as will lead them to suspect (not actually diagnose) infectious disease, and thereby cause professional advice to be sought, and the true nature of the disease to be recognized. Under the present educational system the great idea is to get the child to school to keep up the numbers. I find no fault with this, but when a child has been absent through sickness, and although medical aid has

not been sought, yet the schoolmaster or mistress should be alive to the fact that this may possibly have been a case of mild infectious disease unrecognized, returning during convalescence, and possibly then in the most infectious stage, and thereby contaminating the whole school.

In the present state of Rural Finance one can hardly hope for special Medical Officers being appointed for periodic inspection of schools. For the time being it seems to me that the present machinery should be made more efficient by educating the staff of teachers, and that the main object is not always to get a child to school, but a still greater object is to see that when the child is there every endeavour is made to maintain good health. Good physical health is the fundamental principle of all real education.

I am fully alive to the question that the school is not the only place where a child's health may suffer, but there is one important point about all schools—in them children are placed in large numbers, and are under one influence, and coming from many divergent parts of a district the danger of infection is at once apparent.

I am not an advocate for sending very young children to school when their home surroundings are healthy, and the parents take a keen interest in their welfare.

I am glad to see that the Local Education Authority may use discretion with children under five years of age. They may admit or exclude them from school.

I find the accommodation for school children in your district, taken as a whole on floor space, is 3,490. It is therefore far beyond present requirements. It is possibly another indication of the decrease of the tiller of the soil in rural districts, the labourer being undoubtedly the father of the largest families.

I leave this subject, which is one of great importance and has a direct future influence on the stability of any nation, and especially in a rural district where the backbone of any country is actually produced.

Your district is for the most part flat. Nether Wyresdale, Bleasdale, Barnacre and Cloughton only, being somewhat elevated and hilly districts.

Soil :—Loam, Alluvial and Peat.

The occupation of your inhabitants is for the most part agricultural.

There are three mills in your district, two of which make paper, and the other manufactures cotton goods.

House accommodation for the working classes is generally not sufficient and is not of good type.

Nothing has been done under the Housing of the Working Classes Act in supplying new dwellings.

Sewerage and Drainage.

Each district is treated on its own merits, Bowgreave, Barnacre, being the only part of your district which has a special form of treatment.

The River Wyre and its tributaries receives a fair amount of sewage which is not treated. No definite action has been taken to prevent

this. I fear fish have suffered in some of the tributaries from this.

Water Supply.

A large part of your district is now supplied by the Fylde Water Board, but there are many districts which have an indifferent supply. Your Council has made strong efforts in this direction, but as yet with no real definite results.

It would seem that the time is approaching when water, pure water, so essential to healthy life should be nationalised and be within the reach of all, both for man and animals. The influence of good water on the public health can scarcely be estimated,

Excrement disposal, and removal of house refuse, takes place by scavenging in two districts regularly, and under contract. This system might, I think, be usefully extended. Many privies of the old type still exist, but steady improvement is taking place.

A careful look-out has been kept on the various places over which you have control, Slaughter-houses, Workshops, Offensive Trades.

Many of the Cowsheds in your district are unsatisfactory.

The Cowsheds and Dairies Order still stands in abeyance.

The Bye-Laws—These continue to occupy your attention.

In my last year's report I reminded you of the special importance of these Bye-Laws, and the adverse influence which in my opinion they are creating in your district in their present state.

Simplicity and efficiency, with a general application to your whole district, should be the outcome of your deliberations in this matter.

I beg again to call your special attention to the modified Bye-Laws for Rural Districts, issued by the Local Government Board.

The following are the notified cases :—

Phthisis	1
Diphtheria	5
Erysipelas	10
Enteric.....	7
Puerperal.....	2
Smallpox	1
Scarlet Fever	31

Total 57

Garstang, 24 ; Stalmine, 17 ; St. Michael's 16,

Pilling—Typhoid 2 cases, Scarlet Fever 2 cases, Erysipelas 3 cases.

Hambleton—Typhoid 1 case.

Garstang—Typhoid 2, Scarlet Fever 1, Diphtheria 5, Erysipelas 2.

Scorton—Typhoid 2.

Stalmine-with-Staynall—Scarlet Fever 8, Erysipelas 1, Puerperal Fever 1.

Inskip—Scarlet Fever 7.

Forton—Scarlet Fever 6.

Bonds—Scarlet Fever 1.

Myerscough—Scarlet Fever 1.

Bleasdale—Smallpox 1.

Great Ecclestone—Scarlet Fever 3.

Out Rawcliffe—Scarlet Fever 2, Phthisis 1, Erysipelas 2.

Nether Wyresdale—Puerperal Fever 1.

Cloughton—Erysipelas 1.

Kirkland—Erysipelas 1.

From the above observations it will be seen that fourteen out of your twenty-two townships have been infected. Yet, by care, there has been no real epidemic. Garstang has this year shown rather an increased infectious return, chiefly owing to a family, six in number, being attacked with Diphtheria in one house.

A special report was issued on the sanitary condition of these premises and presented to your Authority, and also to the County Constabulary, the infected dwelling being the Police Station. There being no means of removing these cases, and all the occupants of the house being infected, there was no other alternative but to declare this dwelling an Isolation Hospital Area, for the definite and careful treatment of the infected patients.

Nurses were procured, Anti-Diphtheria Serum, all food requisites, and disinfectants were supplied; all the patients recovered.

The disease was not of a severe type.

The circumstances of this outbreak were somewhat trying, there being only two bedrooms, and two rooms below, occupied by six infected persons and two nurses.

The drainage was found defective, subsoil contaminated, badly paved back yard, rooms badly ventilated, walls and floors damp, privy pail system, water supply by Fylde Water Board.

It is interesting to note that in 1895 Diphtheria attacked the inmates of this dwelling, one death resulting.

I find I then ordered the removal of a cesspool privy, examination of subsoil, and drainage.

Only three deaths have taken place out of 57 notified cases.

I also notice, that although eight deaths have taken place from Phthisis for which disease you pay a voluntary notification fee, yet only one case has been notified, and this case was the third death in this dwelling within the last few years.

With care, in my opinion, this disease should have no dwelling place in your district.

I now add the Death Rates,

INFECTIOUS DEATHS.

Diphtheria	1
Erysipelas	1
Puerperal Fever	1
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Total	3
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Deaths				Males	Females	
Garstang Registration District			40	29	69
Stalmine	„	„		15	8	23
St. Michael's	„	„		13	16	29

Males, 68. Females, 53. Total.....121

Death Rate 11.59. Birth Rate 21.17

Births				Males	Females	
Garstang Registration District	.....			58	55	113
Stalmine	„	„		24	26	50
St. Michael's	„	„		32	26	58

Total221

The Death Rate this year is the lowest during the last 12 years.

REGISTRATION DISTRICTS :—

Population of Garstang	...	...	...	...	5311
„ „ Stalmine	...	...	...	...	2265
„ „ St. Michael's	...	...	...	...	2860

Population, 10,436. Death Rate per 1,000.....11.59

The Death Rate is a very satisfactory one.

Townships (22).	Population.	Deaths.	Rate per 1,000
Barnacre-with-Bonds	1,117	12	10.74
Bleasdale	403	3	7.44
Cabus	171	1	5.84
Catterall	317	2	6.30
Claughton	561	6	10.69
Cleveley	62	1	16.12
Forton	539	8	14.84
Garstang	808	15	18.56
Holleth	25	0	0
Kirkland	273	3	10.98
Nateby	297	4	13.46
Nether Wyresdale	454	6	13.21
Winmarleigh	284	8	28.16
Total in Garstang District ...		5,311	69
Bilsborrow... ..	181	2	11.04
Great Eccleston	583	9	15.43
Inskip-with-Sowerby	450	6	13.33
Myerscough	423	2	4.72
Out Rawcliffe	705	8	11.34
Upper Rawcliffe-with-Tarnacre	518	2	3.86
Total in St. Michael's District ...		2,860	29

Hambleton	...	...	...	...	321	3	9.34
Pilling	...	...	...	...	1407	16	11.3
Stalmine-with-Staynall	...	...	...	...	537	4	7.44
Total in Stalmine District					2,265	23	

Union Workhouse 4, included in above.

It will be seen that Winmarleigh with a death rate of 28.16 per 1,000, heads the list.

I find Whooping Cough and Influenza have added to the death rate here. Three deaths have occurred in children under five months. There is also a death in this township from Consumption. Garstang is next with a death rate of 18.56. I find 8 of the 15 deaths here are of persons over 60 years of age.

This township also registers 2 deaths from Cancer, ages 49 and 50. There is also a case of Cancer registered in Bonds. Garstang and its immediate neighbourhood has certainly shown for the past 20 years a much greater tendency to malignant disease than any other township in the Union.

As to the cause of this I am not in a position to give an opinion. I simply give you the fact. It is now fully acknowledged that Cancer has a much greater prevalence in some districts than others, in other words, there are acknowledged cancer areas.

Science has not revealed the real and definite cause of this terrible disease. Great efforts are still being made to do so.

Three other deaths from Cancer have been registered in your district during the year, one each in Great Eccleston, Calder Vale and Nether Wyresdale.

Consumption shows eight deaths, a death occurring in eight different townships.

Milk.

This important article of diet continues to receive a great amount of attention, both from the public generally and Health Authorities. The increased scientific evidence fully justifies this.

Every effort is being made by County Boroughs and Urban Authorities to ensure, as far as possible, the pure milk of the healthy cow being supplied to their respective populations.

Fully considered, the production of a pure supply to the consumer is not an easy matter. Good land, good food, healthy cows, pure water, pure air, good spacious, clean, and sanitary cowsheds, clean cows, adders, milkers, and utensils.

It is also essential that the milk should be quickly cooled, say to 40 degrees, before transit. Then comes again the critical period of transit by road or rail into the hands of the wholesale dealer, who, before it arrives at the consumer, may place the supply in premises far from satisfactory, and possibly submit the milk to some treatment which he may consider necessary, be that for the public good or otherwise. No

wonder then, with all these attendant risks, we have science stepping in, trying to render this important food free from injurious contents, and the law likewise insisting on the percentage of butter-fat, and proportion of solids.

We have thus our dried milk, sterilized milk and humanized milk, all of which are now looked upon as standard articles of diet.

I cannot enter into these various articles of diet in this report, but in the eyes of the law all are sold as pure articles, and each must be of the nature and substance demanded.

Dried milk is assumed to be dried pure milk and must therefore contain all its butter-fat, and proportion of milk solids. *Dried milk is not separated dried milk.*

Separated milk which has hitherto been difficult to dispose of, even at a small price, is now in demand and extensively dried, and, as a food it has no comparison to dried *pure milk*.

I believe the latter article will occupy, in all probability an important position as an article of diet, carefully and thoroughly prepared and rendered sterile.

Although milk in your district is in increased demand, yet I fear the farmer does not obtain a remunerative price. Co-operative dairying has been made a success in many counties of England, some being affiliated to the Agricultural Organization Society.

This work of co-operation has caused a better price and also a better standard of milk production.

A small attempt in your district at dairy co-operation undoubtedly failed, because it lacked real farming co-operation and combination. The agricultural interest in general lacks combination. What a powerful organization it could be if all pulled together! A power which cannot be estimated! Such a general combination would improve the health, wealth, and thrift, and also increase the population of Rural Districts, now so much wanted.

We have already municipal depôts for the special preparation of milk for children. Some towns are even hinting at establishing their own dairies, under their own supervision.

The importance of the whole subject is well illustrated by a recent successful prosecution of an important Dairy Company, for damages owing to a death from Typhoid Fever being caused by milk supplied by the Company.

The milk was proved to be infected, and it was also proved that the Company had taken every reasonable care and no blame was attached to them. There was an implied warranty that the milk was fit for food, and on this implied warranty the prosecution was successful.

The farmer contracts to sell a pure milk, and supposing he inadvertently sells something else with it which may injure someone, his position is at once serious.

Recently also on the conjoint examination and investigation of a Medical Officer of Health and Veterinary Surgeon, an outbreak of Diphtheria was undoubtedly traced to cow pox affecting the udders and teats of cows. It had also contaminated the hands of the milkers. Out

of a herd of 45 cows 19 were suffering from ulcerated teats.

The possible connection of Cow Pox and Diphtheria in the human being is interesting. Apparently the facts in this outbreak were definite and conclusive.

The farmer therefore should always keep a keen look out for sores on teats or udders of his cattle, especially when milk is being sent for immediate consumption.

What an important influence the ordinary fly or the blue bottle may have in the production of infection in either milk or other articles of diet.

Recent investigations tend to show that the ordinary house fly or blue bottle would practically feed upon the expectoration of a tuberculous patient, and the excrement of the fly would, within a few hours, show the presence of Tubercle Bacilli, from which live cultures could be made. The fly apparently having no power to destroy the Tubercle Bacillus in its digestive system. The fly may yet be proved to be a great source of carrying infection.

The great influence of the mosquito in the transmission of malarial fevers is now beyond all doubt, and by the destruction of these pests and their breeding places a great advance has been made in Preventive Medicine, and a boon conferred on humanity, the ultimate effect of which can scarcely be estimated.

Infection.

Your year's work on this matter has been rather interesting, since you have had to deal with cases somewhat trying, without means of removal.

In an outbreak of Scarlet Fever for instance in Garstang, one child of a family of six was attacked. The dwelling contained eight all told, including father and mother. The father having been exposed to infection, and being a traveller for a corn miller, it was considered dangerous to allow this man to continue his work, lest he should carry the disease, if he had not already incubated.

Upon most careful consideration of this case I considered it wise to detain the man to look after his child, and isolate as far as possible, the mother looking after the other five children. There was practically no accommodation for a trained nurse in the house.

The result of this outbreak was very satisfactory. There was no further infection either to the father or other inmates of the house.

Under the circumstances, food was supplied for the family, but the Local Government Board declined at the time to sanction the expenditure, leaving the question to the Auditor. This certainly proved to be for once an economical and yet efficient way of dealing with infection, the total cost being £4 1s. 7d. Such a result is indeed seldom attained.

On the other hand, compensation was readily granted (£3 3s. 0d.) to a labourer who had been quarantined owing to his child having contracted Smallpox.

Further on you had to confront an outbreak of Diphtheria in a small house, there being six infected individuals, to this I have previously called your attention.

Directly after this I had to close two schools owing to infection.

All these concomitant circumstances naturally led you to think of some means whereby you could more effectually deal with infection.

A general discussion took place on the provision of Infectious accommodation. Cottage accommodation was suggested, portable buildings, &c.

You finally resolved that the question of provision of Hospital accommodation be deferred for twelve months.

Further Resolved—That the Medical Officer of Health do submit to the Sanitary Committee a report on the existing provision in the district for dealing with infectious cases, and on the need of making further provision for the treatment of such cases.

A complete survey of this subject was placed before you in a printed report, a copy also being sent to the County Medical Officer.

I am no advocate for any elaborate or expensive scheme in dealing with this question, my advice is economy with simple efficiency. I enclose a copy herewith of this special report.

Midwives Act.

This is an important Act, since all women acting as Midwives must now be registered.

No uncertified woman can now use the name or title of midwife.

From the 1st of April, 1910 no woman shall habitually and for gain attend women in child-birth otherwise than under the direction of a qualified Medical Practitioner, unless she be certified under the Act.

Any woman who had been in bona-fide practice as a midwife for one year previous to the passing of the Act, July 31st, 1902, could make a claim for certification. After March 31st, 1905, all such claims cease, and the future registered midwife after that date must pass an examination recognized by the "Central Midwives Board." Lancashire County Council has delegated its powers as the Local Supervening Authority under the Act, to a Special Committee.

On the 31st of December, 1905, there were 1056 registered midwives in Lancashire. Five of these (only) are located in your district. The Special Committee of the County Council has appointed a Lady Inspector under the Act, and I feel sure she will do some good work.

The importance of the Act is at once apparent when it is actually ascertained that 22 per cent. (about 211) of the midwives at present registered in Lancashire cannot actually sign their own names.

How can such women keep books, send particulars to a Medical Man when aid is required, record the administration of a drug or food, still less use a thermometer? the latter so important. Other very important duties devolve on the midwife, and it is essential that she should be an educated and intelligent woman, clean in her dress and person, with washable clothing. In certain cases the old type of midwife has not only acted in that capacity, but also has taken upon herself that of undertaker, a door actually being adorned with a plate inscribed "Midwife and Undertaker."

One can hardly wonder at the prevalence of Puerperal Fever

amongst the poorer classes of our large towns.

There is no disease more preventable than Puerperal Fever, and in years to come it should almost be a disease of the past.

An important duty devolves upon your Authority under this Act. Whenever a midwife has been in attendance upon a patient suffering from Puerperal Fever or from any other illness supposed to be infectious, she must disinfect herself and all her instruments and other appliances to the satisfaction of the Local Sanitary Authorities.

This imposition implies that each Local Authority is provided with a suitable apparatus for disinfection. At present you do not possess one.

The importance of the Lancashire Midwife is seen when it is estimated that about 50,000 births take place annually within the County, one-half of these being attended by midwives. In all complicated and difficult cases Medical aid is to be sought.

The general effect of the Act will be :—

1—A more intelligent, clean, cultured, and qualified midwife, and a general supervision of her work.

2—It will greatly reduce the risks attending the confinement period.

3—It will, to a great extent, prevent mal-practice, negligence, misconduct and intemperance, the latter I fear not an unusual failing among the old type of nurse, whose existence is in future doomed.

4—In any case of infection the suspension and disinfection of the nurse, thereby preventing the further spread of Puerperal Fever amongst women in the confinement state.

I am glad to see that the Garstang District Nursing Association have undertaken this special branch of Nursing by showing its practical application.

Two such women have been trained in a Public Institution and are working in the District on behalf of the Association. No better nursing work can be undertaken in any district, Rural or Urban.

I have felt it my duty to lay the chief points of the Act before you. I believe the Act to be a most useful one, and it will ultimately confer a great benefit to the population at large.

Tuberculosis.

At the meeting held in the Town Hall, Garstang, on Thursday, April 13th, 1905, on the question of Tuberculosis, the general question of Tuberculosis was considered, and especially in regard to payment for compensation and the appointment of Veterinary Surgeons for the inspection of animals suspected of suffering from Tuberculosis.

The Chairman referred to the resolution passed by the Garstang Rural District Council in June, 1904, recommending the appointment of Veterinary Surgeons, and stated that the Public Health Committee of the County Council considered that it would not be practicable to carry out the suggestion, as if a Veterinary Surgeon were so appointed he would have to be entirely under the jurisdiction of the County Council, and give his whole time to the duties, thus creating a new appointment.

A discussion ensued as to the making of such an appointment, and it was Resolved—That this Conference, specially convened to consider the question of condemnation of Tuberculous Cattle, do ask that Rural and Urban District Councils be vested with the same power and mode of procedure as Borough Councils in calling in a local Veterinary Surgeon to confer with the Medical Officer of Health before condemnation of cattle suspected of suffering from Tuberculosis, and that such Veterinary Surgeon be paid a fee on a scale to be prepared and fixed by the County Council.

Resolved—That Mr. Jackson, C.C., be asked to bring the above proposal before the County Council for their consideration.

In regard to the question of payment of compensation which was then raised, it was pointed out that the Bill which was brought in during the Session of 1904, but not passed, only provided for compensation to be paid for cattle slaughtered for meat, and did not deal with milking cows suspected of giving Tuberculous milk. An opinion was expressed that Tuberculous cattle might with advantage be scheduled under the Infectious Diseases (Animals) Act, and that legislation was wanted on the matter.

I am not aware that any result has been obtained as a result of your recommendations.

The following are the principal items which have occupied your attention during the year :—

HAMBLETON SEWERAGE SCHEME.

A special report of which was issued at the request of the Local Government Board. The report dealt with :—

1—The nature of the sewage system or systems in vogue in the village.

2—The means of disposal of the sewage in various cases.

3—How far and in what circumstances nuisances arise from the disposal of the sewage.

4—The approximate population availing themselves of each method of sewage disposal.

5—Water Supply. The report with plan fully dealt with the whole subject, and your Council has full knowledge of the varying conditions of this township.

The County Medical Officer and also a Special Committee have reported on this township, and much time and considerable expense has been incurred without any real result.

SCORTON SEWERAGE SCHEME.

The Inspector has submitted plans for the scwering of this village which is quite necessary.

A Committee appointed recommended No. 3 scheme. Beyond this stage nothing definite has been done.

Your special attention was called to this township in my last year's report. The sanitary condition is undoubtedly dangerous. Two cases of Typhoid Fever were notified here during the year.

Garstang.—Further improvements have been made in the drainage of Garstang.

Great Ecclestone.—Complaints have been made as to the bad state of the sewer outlets and the damage done to adjacent property. These complaints were undoubtedly justified.

A Special Committee was appointed to deal with this question.

Complaints have also been made here with regard to rubbish tipping. A committee made a special visit to this place to arrange for a rubbish tip, but no definite progress has been made.

Barnacre-with-Bonds.—Typhoid was reported at the Mill House, Bonds. This is the third outbreak on these premises. The Inspector reported that the main sewer here was far from being satisfactory, and recommends that this matter should be dealt with as soon as possible.

Vagrancy and Tramps.

Your Council as the Board of Guardians was recently represented at the Poor Law Conference held in Southport, in September last, Rev, Jas. C. Gardner, H. P. Hornby, Esq. and Mr. Winder attending the Conference.

Mr. Gardner read a paper on Vagrancy and increased powers of detention,

The practical points in this paper were:—

- 1st—Police control,
- 2nd—Test and labour colonies,
- 3rd—The whole question—a national question—expenses and otherwise.

I cannot here enter into these various points, but it is very certain the tramp is a national nuisance.

The Rev, Father Roberts also represented you at the Manchester Conference to protest against the establishing of colonies.

The whole question has a most important bearing on the public health, since the tramp is the great carrier of infection. Legislation is undoubtedly required, and since tramps are of a mixed character all could not be placed under the same rule of treatment,

- 1st—You have the habitual vagrant who won't work,
- 2nd—Labourer in pursuit of honest work,
- 3rd—The man or woman in delicate health, and possibly feeble-minded,
- 4th—The mother and her children.

Such are the various types seen on our rural roads.

The Local Government Board are apparently fully alive to this question, and a departmental committee has been appointed to go into this matter.

It is a curious fact that there is no civilized country where the tramp is so persistent, or where the vagrant life is so cultured, as in the United Kingdom. In my opinion vagrants are more or less an organized society. This was fairly well illustrated when your vagrant ward was quarantined owing to a case of Smallpox. The Relieving Officer was kept busy supplying food and outside lodgings, especially

as no task was available. The state of affairs became widely known amongst the tramp community.

I now add the Inspector's Report with various statements, and also the Tables required by the Secretary of State and the County Council.

To the Garstang Rural District Council.

Gentlemen,

I have pleasure in handing to you my Annual Report of the Sanitary Work in your district for the year ended the 31st December, 1905.

INFECTIOUS DISEASES.—Fifty-seven cases of Infectious Diseases in thirty-six dwellings were reported during the year. All the cases were visited forthwith on their being reported and periodically afterwards. Printed instructions for the prevention of the spread of disease and disinfectants (free of charge) were supplied in every case. The patients were as far as possible isolated. Three schools were closed on account of Scarlet Fever, viz.:—Inskip, Stalmine and Copp, Great Eccleston (the last twice). After the patients were considered free from infection all the houses and schools were disinfected.

COMMON LODGING HOUSE.—There is one Registered Common Lodging House in your district, this is regularly inspected.

SLAUGHTER-HOUSES.—The ten Slaughter-houses in the five townships to which the bye-laws apply are regularly inspected, and were found in a cleanly condition. I inspected a considerable number of carcasses of meat exposed for sale, and in my opinion all of them were fit for human consumption.

FOOD AND DRUGS.—No samples of Food or Drugs were taken by me in your district for analysis.

CANAL BOATS.—Fifty inspections of Canal Boats were made during the year. There were two infringements of the Acts and Regulations which were remedied.

SCAVENGING.—The scavenging of Garstang, which is carried out by contract, is satisfactory.

The scavenging of Calder Vale, in the township of Barnacre-with-Bonds, which is carried out by your workmen, is also satisfactory.

I again wish to impress upon you the advisability of your undertaking the scavenging of the most congested places in your district, other than the above.

SEWERING.—A new sewer has been laid in Back Lane, Horrabin's Weind, and Stoops Hall Yard, Garstang, which has abated a considerable number of nuisances. The work was carried out under my supervision.

I prepared Plans, Sections and Estimate (£505 18s. 6d. exclusive of wayleave and land) for treatment for the greater portion of the Village of Hambleton, which has been considered by you, and

also at a Parish Meeting at Hambleton, the latter objected to the scheme on account of the cost. A scheme for the sewerage of the Village into cesspools, also to clean out the watercourses, is under consideration.

I have prepared Plans, Sections and Estimate for the sewerage of the whole of the Village of Scorton. These Plans, &c., have been accepted by you. Copies have been sent to the owner of the land through which the sewer passes. The matter is still under consideration.

The proposed sewer in Bonds Lane, in the township of Barnacre-with-Bonds, has not been carried out. I think it would be advisable to carry this out at once as the present sewer, which is an old stone one, is most insanitary and inadequate for its present needs.

SEWAGE TREATMENT WORKS.—The sewage works on the south side of Bowgreave, in the township of Barnacre-with-Bonds, continue to give satisfaction.

The works on the north side of Bowgreave, in the above township, which are on the International System, are as satisfactory as this system will allow.

FACTORY AND WORKSHOPS.—Sixty-seven workshops have been regularly inspected during the year, and all of them were found in a satisfactory state with the exception of two, which required lime-washing; the work was done.

No observations were taken as regards the emission of black smoke.

BAKEHOUSES.—Eleven Bakehouses (which are all above ground) have been periodically inspected during the year; the general conditions were found to be good.

LEGAL PROCEEDINGS.—No legal proceedings were taken.

NEW BUILDINGS.—About the same number of plans were submitted to you for approval during the year as last year, and rather more buildings were completed.

PARTICULARS OF INSPECTIONS, &c.

Number of Inspections made	...	...	...	...	...	980
Number of Complaints received...	...	...	...	...	...	20
Number of Nuisances abated	...	...	...	...	...	267
Number of Notices sent	...	...	...	...	...	120
Dirty houses ordered to be cleansed	...	...	...	...	...	3
Registered Common Lodging Houses inspected	...	...	...	...	...	1
Number of Houses dealt with as unfit for human habitation, including 6 from last year; one has been made into two cottages, four have been made habitable, and one is being repaired	...	...	...	...	...	6
Removal of Manure improperly deposited	...	...	...	...	...	3
Old Wells cleansed	...	...	...	...	...	12
New Wells sunk	...	...	...	...	...	5
Number of Bakehouses inspected	...	...	...	...	...	11
Number of Workshops inspected	...	...	...	...	...	67
Legal Proceedings taken...	...	...	...	...	...	Nil

Canal Boats inspected	...	...	...	...	...	50
Number of Houses disinfected after infectious Diseases	...					22
Number of Schools disinfected after being closed on account of Infectious Disease	...	...	...	...	...	4

PLANS.

Plans received for approval	...	...	...	...	...	31
Plans approved	...	...	...	...	...	26
Plans not approved	...	...	...	...	...	5
Representing :—						
New Houses approved	...	...	...	...	...	13
New Additions to Houses approved	...	...	...	...	...	10
New Farm and other Buildings approved	...	...	...	...	...	7
New Houses not approved	...	...	...	...	...	Nil
New Additions to Houses not approved	...	...	...	...	...	Nil
New Farm and other Buildings not approved	...	...	...	...	...	5
Houses completed during the year	...	...	...	...	...	11
Houses in course of erection on the 31st December, 1905	...	...	...	...	...	8
New Church completed	...	...	...	...	...	1
New Recreation Room completed	...	...	...	...	...	1

I am, Gentlemen,

Your most obedient servant,

JAMES COOK,

Town Hall, Garstang,
7th February, 1906.

Sanitary Surveyor and
Inspector of Nuisances.

Conclusion.

The general health and public well-being has indeed many aspects. Does an Authority such as yours cover the whole ground? I fear not.

Do you get at the young and ignorant mother and teach her how to feed her child? Do you endeavour to instil into her the great influence of feeding her child on the milk which nature has given her, and the great importance of keeping up her general health to maintain that natural supply? The breast-fed child by a healthy mother makes the strongest man or woman, and Tuberculosis in a child fed on the healthy mother's milk is quite the exception, in fact it scarcely exists,

True we have decreasing birth rates, but if we could save more of the children that are born, this would help to make up for the deficiency. The tendency of mothers is not to trouble to suckle her child. Cow's milk is often improperly prepared and patent foods are resorted to.

Nothing can approach the natural healthy mother's milk.

Then again, what a power the excessive use of alcohol has upon the public health! Does your jurisdiction reach this subject? If you could eliminate the excessive use of it what would be the effect upon the death rate of the country, putting aside the terrible suffering and poverty which follow the abuse of alcohol?

Will the recent legislation improve the public health aspect of this question? It will probably have some effect.

The one thing which will have the greatest influence is that of culture. Teach the young the importance of public health and temperance, give them the early training, the demand will then not be so great, and the supply under the natural routine will be less also.

The supply and demand regulates the world's trade.

Who can tell the future possible influence of the cigarette, now so commonly used by mere boys. Is not this a growing evil?

Again, what will be the effect of the Motor Car in Rural Districts upon the public health? The volumes of dust which in dry weather are sent up by these flying machines has a three-fold influence in Rural Districts.

1—The air is contaminated with the dust containing the excrement of animals, healthy or otherwise.

2—Great complaints are made about the injury done to land, meadow and pasture, as well as vegetation on roadsides.

3—Dust greatly permeates all dwellings near the roadsides, and in my opinion will naturally injure the value of property abutting the public highway.

The road especially between Preston and Lancaster has been complained about. The motor car has come to stay. It is legalised, and the problem for District Councils is to so macadamise their roads and keep them as clean as possible, and so minimise the constant and existing danger of what we may call, for convenience sake, "motor car dust," in dry summer weather.

It is quite possible the motor car has a far-reaching influence in the future on the health both of man and animals.

Where the motor traffic is great, as on the road between Preston and Lancaster, the effect of the motor car is fully manifest when the weather is dry and the roads dusty.

Possibly some means may be derived whereby the dust may be modified. The reckless and careless driver requires attention, for he, by his actions, is a public danger, apart from the excessive amount of dust his excessive speed may cause. The effect of motor cars in towns is not manifest. There, the speed is obliged to be controlled, and there also the water cart is at work.

It is in the outlying country district where the effect of the motor car will be felt. What effect upon the farmers, hay or pasture, for his horses and cattle?

Hay containing dust is admitted to be injurious to all animals, and what to the man who has to cut and fodder with the hay?

The house stands on the roadside with its door and window open to admit the fresh air in hot weather. In come volumes of dust on to the clothing and food, and on to the beds, on which the occupants of the house have to sleep.

Driving a motor car in a rational way and not in much traffic will no doubt be a healthy occupation, but I shall not be surprised if time shows that the nervous system will suffer by the excessive, and prolonged use of a automobiles, quite apart from the risks of inhaling contaminated dust. The driver must be at attention, his

nervous system is on full tension, and this, combined with rapid motion, is bound to have a physiological effect in time on the nerve centres.

Are we not even in Rural Districts living at a more rapid rate?

Is not the whole tendency of life to overtax the powers which are given to us, both mentally and physically?

Such then is the combustion of the human machine that we become predisposed to the ingress of disease. Nature is deviated from her true path, and in these days of rapid progress all around us, we may have long to wait for the time when man or woman may die a natural death, and disease in its highest sense does not exist.

I beg to thank you for the efforts you are making in the direction of Prevention of Disease, and may they continue for the general well-being of your district.

I am, Gentlemen,

Yours obediently,

THOMAS FISHER.

Garstang Rural District Council.

Smallpox, Cholera, Diphtheria, Membranous Croup,
Erysipelas, and the following Fevers :—
Scarlet (also called Scarlatina), Typhus, Typhoid or
Enteric, Continued, Relapsing, and Peurperal.

Caution to Householders

Against the Commission of Acts by which Infectious
Disease may be spread.

ISSUED BY ORDER OF THE HEALTH COMMITTEE.

NOTICE IS HEREBY GIVEN

That the Public Health Act, 1875 and the Infectious Disease (Prevention) Act 1890 render liable to penalties persons who may commit any offence which may tend to cause the spread of infectious disease (including the above-mentioned diseases) and proceedings will be taken in all cases where an offence has been committed.

The Public Health Act 1875 provides that :—

1.—Any person who —

(a) while suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder, in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof that he is so suffering ; or

(b) Being in charge of any person so suffering, so exposes such sufferer ; or

(c) Gives, lends, sells, transmits, or EXPOSES, without previous disinfection, any bedding, CLOTHING, rags, or other things WHICH HAVE BEEN EXPOSED TO INFECTION from any such disorder

Shall be liable to a penalty not exceeding £5 ; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver

that he is so suffering, shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

2.—Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding £20.

3.—Any person letting for hire or showing for the purpose of letting for hire any house or part of a house who, on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within six weeks previously having been therein any person suffering from any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable at the discretion of the Court to a penalty not exceeding £20, or to imprisonment with or without hard labour for a period not exceeding one month,

The Infectious Disease (Prevention) Act, 1890, provides :

4.—No person without the sanction in writing of the Medical Officer of Health or of a registered medical practitioner, shall retain unburied elsewhere than in a public mortuary or in a room not used at the time as a dwelling place, sleeping place or workroom, for more than forty-eight hours, the body of any person who has died of any infectious disease.

5.—Any person who shall knowingly cast, or cause, or permit to be cast, into any ashpit or similar receptacle, any infectious rubbish without previous disinfection is liable to a penalty.

SUGGESTIONS

For preventing the spread of Infectious Disease.

In order to prevent disease and suffering, the Health Committee appeals to the parents and attendants of patients suffering from Infectious Disease to observe the following instructions ;

1.—Isolate the Sick—

The patient should be at once separated from the other inmates of the house, and, if possible, placed in a top room and have that floor devoted to himself and his attendant.

All bed curtains and other hangings, carpets, rugs, and all articles of dress and the like in wardrobes and cupboards and all unnecessary articles of furniture should be removed.

2.—Ventilate Sickroom and House

The room should be kept well ventilated, windows should be kept partly open (the patient being protected from draughts by a screen when necessary), communication with the chimney should be kept free and, weather permitting, a fire should be kept burning. The floor should be sprinkled with disinfecting fluid and cleansed daily.

3.—Place Antiseptic Sheet outside Sickroom door—

The door should be kept closed and a sheet kept wet with Izal, Sanitas, or other disinfectants, should be hung outside so as to cover every crevice.

4.—Disinfect all Discharges from Patient—

Everything that passes from the patient (sputum, vomit, urine, faeces) should be received in vessels containing a disinfectant, and an additional quantity of the disinfectant should be added to the vessel BEFORE removing it from the room. All food and drink not used should be mixed with disinfectant and should not, under any circumstances, be partaken of by other persons.

In TYPHOID FEVER the pail supplied MUST be used for the reception of all slops, &c., referred to in the foregoing.

5.—Do not use Handkerchiefs—

In Diphtheria and Phthisis, pieces of rag should be used for sputum and discharges from the nose and mouth and should be immediately burnt.

6.—Disinfect all Utensils —

All cups, glasses, spoons or such like articles used in the sick room should be placed in disinfectant solution before being removed therefrom and they should be subsequently washed in hot water.

7.—Disinfect Patient's Linen —

All bed and body linen after use should be at once, before being removed from the room, put into the disinfectant solution and after remaining in this for at least an hour may be washed. At the termination of the illness the premises will be thoroughly disinfected under the direction of the Sanitary Staff.

8.—Keep Surroundings Clean —

The patient's body and bed should be kept scrupulously clean, and when during the progress of Scarlet Fever or Small Pox, scales or crusts form on the skin, their diffusion should be prevented by smearing the body from head to foot with oil (Carbolic, Sanitas, or Eucalyptus). The house should be well ventilated and kept very clean; all sinks, water closets, traps and gullies should be in good order and have Izal or other disinfectant poured into them daily.

9.—Nursing Arrangements—

Nurses or others in attendance should wear overalls or dresses of washable material; they should keep their hands clean, adding Izal, Sanitas, or Condyl's Fluid to the water in which they wash. They should remain with the patient, but, if compelled to leave the room, they should leave the overall or apron behind. They should not mix with the other members of the household.

10.—Visitors should not be received.

11.—Vaccination—


In cases of Small Pox all the members of the household should be vaccinated.

12.—Observe Precautions during Convalescence

The patient must not be allowed to mix with the other members of the household until—in Scarlet Fever—all “peeling” of skin and all discharges from the ears and nose have ceased; in Diphtheria—all discharges have ceased; in Small Pox—all scabs have fallen off. The patient must be thoroughly cleansed by the use of a warm bath containing Izal or other disinfectant and his removal from the room must be sanctioned by the medical practitioner. Clothes used during the illness or in any way exposed to infection must not be worn again or put away in drawers or wardrobes until they have been properly disinfected.

13.—Final Disinfection—

When the sickness has terminated, the room and its contents should be disinfected. This work will be carried out by the Sanitary Staff.

 Householders are hereby notified that when SCARLET FEVER patients are treated at home, disinfection of bedding, premises, &c., cannot be carried out till the expiration of at least SIX WEEKS from the commencement of the last case of such illness in the house.

14.—Special Precautions in case of Death—

Should death occur, the body must, as soon as possible, be placed in a coffin which should be, at once, screwed down; the funeral must take place within forty-eight hours of death. Mourners should not meet in the room in which death took place.

Izal and other disinfectants can be obtained *free of cost* on application at the Town Hall, and the disinfection of rooms will be carried out free of cost. Rooms which have been occupied by a person who has died of Phthisis (Consumption) should be disinfected.

By order of the Committee,

THOMAS FISHER.

Medical Officer of Health.

Table 1. Vital Statistics of Whole District during 1905 and Previous Years.

Year.	Population estimated to Middle of each Year. 2	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institu- tions in the District. 9	Deaths of Non-resi- dents regis- tered in Public Insti- tutions in the District. 10	Deaths of Residents registered in Public Insti- tutions beyond the District. 11	Nett Deaths at all Ages belong- ing to District.	
				Under 1 Year of Age.		At all Ages.						
		Number 3	Rate * 4	Number 5	Rate per 1000 Births registered. 6	Number 7	Rate * 8					
1895	12151	295	24.27	20	67.7	179	14.73		12	13		
1896	12151	259	21.31	28	108.10	167	13.74		179	14.73		
1897	12151	301	24.68	45	149.50	177	14.56		167	13.74		
1898	12151	254	20.90	29	114.1	158	13.03		177	14.56		
1899	12500	303	24.9	23	75.9	171	14.07		158	13.03		
1900	12500	243	19.44	19	78.14	166	13.28		171	14.07		
1901	10436	248	23.76	18	72.58	122	11.69		166	13.28		
1902	10436	251	24.05	17	67.72	139	13.31		122	11.69		
1903	10436	268	25.68	19	71.03	141	13.79		139	13.31		
1904	10436	220	21.08	26	59.9	139	13.31		144	13.79		
Aver- ages for years 1895-									139	13.31		
1904	11534.8	264.2	21.68	29.4	86.47	156.2	14.496				156.2	14.496
1905	10436	221	21.17	17	76.9	121	11.59	4			121	11.59

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres }
(exclusively of area }
covered by water) } 57,151

Total population at all ages, 10436, at Census of 1901

Table 2. Vital Statistics of separate Localities in 1905 and previous years.

Names of Localities.	GARSTANG.				STALMINE.				ST. MICHAEL'S.			
	Population esti- mated to middle of each Year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year
1895	6134	129	80	4	3241	101	53	11	2772	65	46	1
1896	6134	138	87	14	3245	66	47	9	2772	55	33	5
1897	6134	124	79	19	3245	114	54	17	2772	63	44	9
1898	6134	114	73	8	3245	85	55	15	2772	55	30	6
1899		126	90	12		111	40	8		66	41	3
1900		111	80	10		67	38	4		65	48	4
1901	5311	128	71	12	2265	58	21	2	2860	62	30	4
1902	5311	133	72	7	2265	56	28	2	2860	62	39	8
1903	5311	139	76	10	2265	68	31	Nil	2860	61	37	9
1904	5311	102	75	16	2265	54	24	6	2860	64	40	4
Average of Years 1895 to 1904		124.4	78.3	11.2		78	39.1	7.4		61.8	38.8	5.7
1905	5311	113	69	9	2265	50	23	3	2860	58	29	5

Table 3. Cnses of Infectious Disease notified during the year 1905.

Notifiable Disease.	Cases Notified in Whole District.						
	At all Ages.	At Ages—Years.					
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards,
Small-pox	1			1			
Diphtheria.....	5		1	3		1	
Erysipelas	10	1			3	5	1
Scarlet Fever	31		6	19	3	3	
Enteric Fever	7		1		3		
Puerperal Fever	2				1	1	
Phthisis	1					1	
Totals	57	1	8	23	10	14	1

Garstang, 24. Stalmine, 17. St. Michael's, 16, 1 removed to Elswick Smallpox Conjoint Hospital,

Table 4. Causes of, and Ages at, Death during year 1905.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Whooping Cough	1	1					
Diphtheria & Membranous Croup	1					1	
Croup	1			1			
Epidemic Influenza.. .. .	3					1	2
Diarrhœa	1	1					
Enteritis	1	1					
Puerperal Fever	1				1		
Erysipelas	1	1					
Phthisis (Pulm. Tuberculosis)	9				1	8	
Cancer, malignant disease ..	8					7	1
Bronchitis	15	2	1			1	11
Pneumonia	8	2		2	1	3	
Premature birth	3	3					
Heart diseases	16				1	5	10
Accidents	3		2			1	
All other causes	49	6		3	1	10	29
All causes	121	17	3	6	5	37	53

Total Deaths whether of Residents or Non-Residents in Public Institutions
in the District.....4.

Table 5. INFANTILE MORTALITY DURING THE YEAR 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 week	1-2 weeks	2-3 weeks	Total under 1 Month	1-2 months	2-3 months	3-4 months	4-5 months	5-6 months	8-9 months	Total Deaths under One Year.
All Causes	Certified	2	2	1	5	4	1	1	1	3	1	17
	Uncertified											
Whooping Cough						1						1
Diarrhœa, all forms...							1			1		1
Gastritis, Gastro-intestinal												
Catarrh												
Premature Birth		2	1									1
Want of Breast-milk			1									3
Atrophy, Debility, Marasmus...				1		1		1				1
Erysipelas										1		1
Convulsions											1	1
Bronchitis						1		1				2
Pneumonia									1	1		2
Other Causes						1						1
		2	2	1		4	1	2	1	3	1	17

Births in the year { legitimate221

{ illegitimate..... We have no record.

Population, Estimated to middle of 1905...10,436
Deaths from all Causes at all Ages ..121

Factories, Workshops, Laundries, Workplaces & Homework.

1. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.
Factories (Including Factory Laundries)	8
Workshops (Including Workshop Laundries)	67
Workplaces	Nil
Homeworkers' Premises	Nil
TOTAL	75

2. DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—		
Want of cleanliness.. .. .	3	3
Want of Ventilation	Nil	
Overcrowding	Nil	
Want of drainage of floors	Nil	
Other nuisances	Nil	
Total	3	3

3. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector
Factories	8
Workshops	66
Bakehouses	11
Total number of workshops on register ..	

TABLE C.

COUNTY OF LANCASTER

Summary of Medical Officer's Report for 1905.

RURAL SANITARY DISTRICT OF GARSTANG.

Area in Statute Acres...57151. Population (Census) 190110436
Population (Estimated) 190510436

Name of Medical Officer of Health....THOMAS FISHER. Salary £70

Births (Male 114) Total 221 | Deaths (Male 68) Total 121
registered (Female 107) | registered (Female 53)

Number of Illegitimate Births registered—Cannot say.
Illegitimate Deaths under one year of age—Cannot say.
Birth Rate, 21.17 Death Rate, 11.59
Rate of Infant Deaths, under one year, to 1,000 Births..76.9
Death Rate from the seven principal Zymotic Diseases per 1,000 of population, 31.30.
Diseases prevalent? Heart Disease, Bronchitis, Phthisis, Scarlet Fever, Pneumonia and Cancer.
Period? Generally throughout the year.
What Action taken? Schools closed. Any Schools Closed? Yes.
If so, for what Disease? Scarlet Fever, Measles and Mumps.
What is the character of the Hospital Accommodation? Nil, except Smallpox (Conjoint).
Is it Joint or otherwise? Joint for Smallpox only.
Number of Beds available for the District? Nil, except Smallpox, conjoint.
Number of cases treated? Smallpox 1. Total 1. Deaths in Hospital? Nil.
From what causes? Nil.
How is Disinfection carried out? (Houses Fumigated by Formalin.
Apparatus used? McKenzie Spray.
Clothing, Bedding, &c....Formalin Spray.
Number of cases of Infectious Disease Notified? 57.
Are any Diseases not specifically mentioned in the Act notifiable (for instance, Measles, Whooping Cough, Diarrhoea, Chickenpox, &c.)?
If so, what are they? No.
Has any arrangement been made for the "voluntary" notification of Phthisis? Yes.

Has any action been taken under "The Housing of the Working Classes Acts"? Yes.
How many houses condemned as unfit for human habitation, and how many closed or demolished? Six, none have been demolished, all having been rendered fit for occupation.
From where is the Water Supply obtained, and what is its condition? Is it subject to your inspection?..... Mostly from Fylde Water Board, good. Yes.
Is Scavenging carried out satisfactorily? Yes, where adopted.
By Sanitary Authority or Contract? By Contract and Council's Workmen.
How is the Refuse disposed of?... Carted away on to the land. We have no Destructor.
What is the character of Drainage and the form of Sewage Disposal? Very variable.
Canal Boats (Number Inspected, &c.) 50. Regularly inspected.
What is the condition of the Bakehouses? Eleven Bakehouses have been periodically inspected, the general conditions were found to be good.
Slaughter Houses? Ten, inspected regularly, and found to be clean
Lodging Houses? There is only one Registered Lodging House. This is regularly inspected.
Are they registered?
Dairies, Cowsheds & Milkshops—
Are they periodically inspected? Yes.
What is their condition?..... Very variable.
Are they subject to Regulations made under the Order of the Local Government Board? .. Few, if any, comply with the Rules of the Local Government Board.
What amount of air space in cubic feet is required for each cow?..... No regulation as to cubic space.
Food unfit for Human Consumption. Amount seized?..... None.
Any Special Report of Medical Officer of Health during the year? Yes. Special Report. Namely to S and also Infectious Accommodation
No. of Notices served 1
Department of Inspector of Nuisances No. of Nuisances remedied 20
No. of Legal Proceedings taken & result .. Nil
Smoke (No. of Observations Nil
No. of Legal Proceedings taken & result.. Nil
What is the time limit allowed for the emission of black smoke per hour Nil
Has the Authority adopted—
(a) "The Infectious Disease (Prevention) Act, 1890"?.... Yes.
(b) "The Public Health Acts Amendment Act, 1890"?.... Yes.

